

COMBAT OPERATIONAL STRESS:



European Regional Medical Command
"Caring for Our Nation's Best"
Medics Forward ... Any Mission, Anywhere!

- **Understanding**
- **Recognizing**
- **Coping with Expected Reactions to Abnormal Events**
- **Knowing When It's Time to Get Help**
- **Helping Resources**

***"Modern war has become
a struggle for men's
minds as well as for
their bodies".***

-Brigadier General Robert McClure, Korean War

AGENDA

- ✓ **Purpose**
- ✓ **Introduction**
- ✓ **Understanding Combat Stress**
- ✓ **Common Reactions**
- ✓ **Positive and Negative Coping Mechanisms**
- ✓ **When Combat Stress Reactions Become Problematic**
- ✓ **Where to Go for Help**
- ✓ **Combat Stress Vignettes and Discussion**

PURPOSE



- ✓ **To provide you an understanding of the thoughts, feelings, and behaviors that are common to many service members after redeployment.**
- ✓ **To assist you in determining whether or not post-deployment experiences are within the expected range of behavior or require further attention from a healthcare professional.**

INTRODUCTION

- ✓ **Changing roles and environments**
- ✓ **Expected reactions to abnormal experiences**
- ✓ **No one is immune to these reactions—regardless of their years of experience and or level of training—soldiers with multiple deployments are oftentimes more vulnerable**

INTRODUCTION



(cont'd)

- ✓ **Soldiers who have had prior trauma, i.e., victims of physical or sexual assault, childhood physical or sexual abuse, severe physical trauma may also be more vulnerable**
- ✓ **Many soldiers will experience one or more of the reactions that we will discuss**
- ✓ **These reactions may feel uncomfortable but, in most cases, are not a cause for concern**
- ✓ **Typically, these reactions decrease in severity and/or frequency over 2-4 months, but no set timetable**

INTRODUCTION (cont'd)

✓ **Soldiers with the greatest combat stress exposure are most likely to be affected. The most significant experiences involve:**

- ➔ **Being in a direct combat experience in which a soldier has to fire their weapon in defense of their own or the lives of others**
- ➔ **Witnessing fellow soldiers and/or innocent civilians being shot, severely wounded, or killed**
- ➔ **Handling of dead bodies**
- ➔ **Any other situation in which they believed they were going to die at the time**

UNCLASSIFIED

UNDERSTANDING COMBAT STRESS



- ✓ These traumatic experiences are often ***“stuffed away”*** or ***“stored away”*** in the mind so as not to overwhelm the soldier emotionally at a time when they must be able to quickly access their training and react in the face of danger
- ✓ These experiences are often ***“stuck”*** in the ***“here and now”*** with all of the sights, sounds, tastes, smells and emotions that accompanied them

UNCLASSIFIED

UNDERSTANDING COMBAT STRESS



- ✓ These traumatic experiences/memories are like the Japanese soldiers who remained hidden away on the islands in the Pacific after WWII—and—**DIDN'T KNOW THE WAR WAS OVER!**
- ✓ When these soldiers return home to a safer environment, these “stored” memories resurface as the mind’s way of trying to understand and make sense of the experience—unfortunately they return in the “here and now” with all of the horror that were a part of the original combat experience

UNCLASSIFIED

UNDERSTANDING COMBAT STRESS



- ✓ It is oftentimes the returning soldier who, when s/he tries to reintegrate and permit him/herself to feel the full range of emotions, begins to re-experience the intense fear, sorrow, or anger associated with these experiences and chooses, instead, to “shut down” emotionally
- ✓ Trauma is not necessarily a result of the experience itself—BUT HOW THE SOLDIER PERCEIVED IT—whether accurately or inaccurately.

COMMON REACTIONS

- ✓ Feeling overwhelmed
- ✓ Frustration
- ✓ Anger/ Irritability
- ✓ Intense mood swings
- ✓ Depression
- ✓ Guilt
- ✓ Feeling emotionally numb (often described as "I just don't feel much of anything anymore")
- ✓ Concentration problems
- ✓ Memory problems
- ✓ Sexual performance issues
- ✓ Alcohol/substance abuse issues
- ✓ Crying spells
- ✓ Loss of trust
- ✓ Loss of interest/motivation
- ✓ Fatigue
- ✓ Sleep disturbance
 - *Oversleeping*
 - *trouble falling asleep*
 - *waking up in the middle of the night*
 - *nightmares*
- ✓ Feeling jumpy
- ✓ Flashbacks
- ✓ Intrusive thoughts
- ✓ Risk-taking behaviors

UNCLASSIFIED

COMMON REACTIONS

(cont'd)



- ✓ **Flashbacks** are episodes of re-experiencing the events that occurred during a deployment
- ✓ During a flashback episode, soldiers feel as if they are “back in the war” and are may not be aware of their immediate surroundings
- ✓ **Intrusive thoughts** are recurring and unwanted distressing recollections of the event, including images, thoughts, feelings, or perceptions
- ✓ Although bothersome and distressing, flashbacks and intrusive thoughts can generally be **expected** and not associated with a more serious problem **UNLESS** they persist for several months or cause significant interference in a soldier's ability to function normally

UNCLASSIFIED

COMMON REACTIONS

(cont'd)



- ✓ Flashbacks and intrusive thoughts may occur in response to a “trigger” (e.g., a loud noise that sounds like a weapons discharge) or spontaneously without a “trigger”
- ✓ Soldiers can cope with flashbacks and intrusive thoughts by:
 - ➔ *reminding themselves that they are to be expected and that this is our mind’s way of trying to understand and make sense of the experience*
 - ➔ *discussing them with family, friends, supervisors*
 - ➔ *by seeking professional assistance if they are concerned about these experiences*

UNCLASSIFIED

COMMON REACTIONS

(cont'd)



- ✓ **Soldiers who believe that they should or should not have done something during their combat experience may experience intense feelings of depression, shame, and unworthiness (i.e., survivor's guilt)**
- ✓ **Soldiers who believe that others should or should not have done something during their combat experience may experience intense anger/rage towards co-workers and superiors.**

UNCLASSIFIED

COMMON REACTIONS

(cont'd)



- ✓ Trauma survivors are oftentimes overly sensitive to their surroundings and are obsessed with personal safety and protection. Fear and distrust become their primary emotional response. This behavior is usually irrational and unwarranted. It may extend to interpersonal relationships with spouses, children, and co-workers/superiors
- ✓ Difficulty talking about deployment experiences
- ✓ Difficulty readjusting to family routines

UNCLASSIFIED

COMMON REACTIONS

(cont'd)



- ✓ **Difficulty experiencing soft emotions, feeling empathy, displaying tenderness (emotional numbing)**
- ✓ **Difficulty reconnecting with children and spouse**
- ✓ **Experience considerable discomfort being around other people**

UNCLASSIFIED

COMMON REACTIONS

(cont'd)



- ✓ Important to understand that spouses/children may also be experiencing many of these same symptoms even though they did not have any direct combat exposure—trauma may result from:
 - ➔ Knowing other unit members who may have been seriously injured/killed in combat
 - ➔ Overexposure to CNN/FOX etc—being bombarded with the very worst aspects of the war
 - ➔ Constant anxiety/worry about whether spouse's unit is participating in an offensive operation
 - ➔ Spouses of soldiers who have a lot of exposure, i.e., perform frequent convoy missions, who are in combat MOSs, etc.

POSITIVE (+) COPING MECHANISMS



- ✓ **Take time to Rest and Relax**
- ✓ **Spend time with family and friends (when ready)**
- ✓ **Get together with buddies to discuss deployment**
- ✓ **Talking with spouse/ significant others about deployment when comfortable**
- ✓ **Resume a hobby that was not available during the deployment**

POSITIVE (+) COPING MECHANISMS



- ✓ **Slow down, make lists, set realistic goals, break them down into small do-able “chunks,” and be easy on yourself**
- ✓ **Take leave**
- ✓ **Maintain a good exercise regimen**

NEGATIVE (-) COPING MECHANISMS



- ✓ **Drinking alcohol excessively or using illegal drugs**
- ✓ **Making impulsive decisions**
- ✓ **Gambling**
- ✓ **Picking fights**
- ✓ **Driving recklessly and/or engaging in other risk-taking behaviors**

UNCLASSIFIED

NEGATIVE (-) COPING MECHANISMS



- ✓ **Isolating yourself for long periods**
- ✓ **Dropping out of pleasurable or recreational activities**
- ✓ **Working all the time to try and avoid distressing memories**
- ✓ **Trying to constantly avoid people, places, or thoughts that are reminders of the traumatic event—it prevents progress in coping and healing**

WHEN COMBAT STRESS REACTIONS BECOME PROBLEMATIC



- ✓ **Functional impairment: anything that significantly interferes with a soldier's ability to do the things that he or she needs to do in any important area of life (work, home, family, couple intimacy, social, spiritual)**
- ✓ **Sleep disturbances are a common reaction to deployment that can become a functional impairment**

WHEN COMBAT STRESS REACTIONS BECOME PROBLEMATIC

- ✓ ***If reactions persist longer than 6 - 8 weeks AND/OR continue to cause the soldier significant distress, it may be a sign that otherwise expected reactions to deployment may be turning into a more serious problem and that additional help may be needed***

WHERE TO GO FOR HELP

- ✓ Chain of command
- ✓ Unit sick call/ primary care manager
- ✓ Chaplain
- ✓ Division Mental Health staff
- ✓ Combat Stress Control staff
- ✓ Department of Psychiatry/Psychology Services
- ✓ Social Work Service
- ✓ Army Substance Abuse Program (ASAP)
- ✓ School psychologist/Adolescent Substance Abuse Counseling Services (ASACS)—for child/adolescent issues
- ✓ ACS
- ✓ Veterans Administration
- ✓ <http://www.per.hqusareur.army.mil/postreintegration>

COMBAT STRESS VIGNETTE

(Based on an actual event)

A U.S. Army convoy is moving down a road when suddenly the third vehicle in a convoy of 6 vehicles hits an IED. The vehicle explodes into a fireball and immediately an intense volley of enemy small arms, automatic weapons, and rocket propelled grenades are directed at the convoy. There is utter chaos, visibility is obscured by smoke, and the sounds of yelling and screaming can be heard. Individuals in the convoy are unsure whether to speed up, if the road is blocked, where their unit leaders are, or if anyone has been injured or killed.

COMBAT STRESS VIGNETTE

Soldier "A"

Soldier "A" is in the vehicle right behind the HUMVV which hit the IED. This soldier is extremely disoriented by the impact of the IED, and it is difficult for him/her to hear anything except an intense ringing as blood begins running out of his/her ears. Because of the intensity of the enemy fire and the inability to detect where it is coming from, and fear of killing fellow soldiers, s/he huddles down in his/her vehicle until there is a lull in the firing. At that point s/he notices the convoy beginning to move and, fearful of being left behind, immediately begins to move forward.

COMBAT STRESS VIGNETTE

Soldier “B”

Soldier “B” and his/her “battle buddy” are in the lead vehicle. As soon as the IED explodes, they notice enemy fire from their left side. Despite the fact that the road ahead is clear, they immediately exit the vehicle from the right, take up defensive positions, and return fire in an attempt to help their fellow soldiers who have been obstructed by the burning HUMVV. In the ambush soldier “B’s” battle buddy is shot in the neck, and despite his/her attempts to stop the bleeding, his/her battle buddy dies in the ambush.

COMBAT STRESS VIGNETTE

What kinds of combat stress reactions and “triggers” might soldier “A” and “B” experience upon returning?

COMBAT STRESS VIGNETTE

- ✓ Both were extremely “jumpy” and became observably anxious (i.e., they began to perspire, their hearts raced, and they had difficulty breathing) whenever they unexpectedly heard loud noises.
- ✓ Both had considerable difficulty sleeping
- ✓ Both were frequently awakened by nightmares (awakening suddenly, feeling panicked, their hearts racing; their arms and legs visibly trembling) and unwilling to go back to sleep afterwards

COMBAT STRESS VIGNETTE

- ✓ **Soldier “A” was driving on the autobahn one afternoon when s/he came upon a serious automobile accident. S/he panicked, slammed on the brakes, and curled up in the front seat of the car yelling and screaming as he “re-experienced” the ambush. His/her spouse and children were frightened by the experience while s/he felt completely embarrassed. His/her spouse had to take over the driving to give him/her time to emotionally recover from the experience.**

COMBAT STRESS VIGNETTE

- ✓ **Soldier “B,” when preparing to go to bed, frequently sees the image of his/her battle buddy’s lifeless corpse in a body bag as s/he pulls back the sheets. S/he begins to noticeably tremble and then starts to scream and cry uncontrollably.**
- ✓ **In addition, Soldier “B” is frequently tormented by the absolute fear s/he remembered hearing in the voice of his/her battle buddy as he lie on the ground choking and bleeding during the ambush-- knowing that he was going to die**

COMBAT STRESS VIGNETTE



Soldier "A"

- ✓ Continually refused to talk of his/her experiences to his/her family or fellow soldiers even though all expressed concern over his/her reactions and worried about his/her being okay
- ✓ S/he was very easy to anger and others felt like they had to "walk on egg shells" around him/her
- ✓ S/he began drinking on an almost daily basis using the excuse that it was the only way that he/she could get some sleep

COMBAT STRESS VIGNETTE

Soldier "A"

- ✓ As a result s/he had difficulties getting up and getting to work on time and received numerous negative counseling statements for his/her lateness
- ✓ His/her lack of emotional control and frequent angry outbursts led to repeated conflicts with his/her superiors
- ✓ S/he later received an Art 15 for assaulting a local national, while heavily intoxicated, at a local drinking establishment

COMBAT STRESS VIGNETTE

Soldier "A"

- ✓ S/he became increasingly more defensive as others commented on their change in behavior
- ✓ S/he began expressing more anger towards his/her spouse and children for seemingly small things
- ✓ One of their arguments turned physical and s/he struck their spouse in the face with a fist
- ✓ His/her spouse ultimately filed for a separation and returned stateside early with their children
- ✓ Soldier was ultimately separated from the Army for patterns of misconduct

COMBAT STRESS VIGNETTE

What went wrong with soldier "A"?

- ✓ Although s/he never told anyone, s/he felt that s/he cowered under fire, and that by hunkering down in the vehicle and not shooting back, let down his/her fellow soldiers and may have even contributed to the other soldier's death
- ✓ S/he chose alcohol to escape from the emotional pain/shame of his/her perceived cowardice and his/her nightmares

COMBAT STRESS VIGNETTE

Soldier "A"

- ✓ Had they talked about their experience they might have learned that their inaction following the IED explosion was a natural reaction given the shock, disorientation, and loss of equilibrium that they would likely have experienced from being so close to the explosion
- ✓ Perhaps this soldier would not have chosen to withdraw from others out of an irrational sense of shame

COMBAT STRESS VIGNETTE

Soldier "A"

- ✓ Perhaps they would have felt they deserved more and would not have self-sabotaged their marriage and career, which would only serve to reassure them of their own irrational feelings of unworthiness

COMBAT STRESS VIGNETTE

Soldier "B"

- ✓ S/he was distressed by the fact that s/he felt emotionally "numb" by his/her deployment experience, although s/he was unsure why. S/he was having difficulty feeling or expressing tenderness towards his/her spouse and children. S/he is unable to feel saddened over the loss of his/her "battle buddy." S/he, too, wondered whether there was anything else they could have done to save their friend's life.

COMBAT STRESS VIGNETTE

Soldier "B"

- ✓ S/he openly talked of their experiences with his/her friends and family.
- ✓ Came to understand that not wanting to feel was a common reaction of many other soldiers who lost friends, saw others severely wounded, or saw the bodies of other dead soldiers/ civilians/ children. S/he realized that it was their way of surviving the emotional pain at the time

COMBAT STRESS VIGNETTE



Soldier "B"

- ✓ S/he also came to accept that neither s/he nor anyone else could have done anything different to save his/her friends life in that ambush
- ✓ S/he began to allow him/herself to mourn the death of his/her "battle buddy."
- ✓ S/he told his/her primary care manager of his/her nightmares and was prescribed some medication to help him/her sleep through the night

COMBAT STRESS VIGNETTE



Soldier "B"

- ✓ Within the next month, his/her nightmares reduced in severity and frequency
- ✓ S/he was eventually able to remember his/her battle buddy's face smiling and happy during many of their good times together
- ✓ His/her sleep patterns eventually returned to normal
- ✓ S/he was grateful to be alive and was able, once again, to express the love s/he had always had for his/her spouse and children

COMBAT STRESS VIGNETTE

**Why were there such different
outcomes
between
Soldiers “A” and “B”?**

CLOSING COMMENTS



While all leaders:

- should be sensitive to the needs of their soldiers and family members**
- ask their soldiers how reintegration is going, and**
- encourage help seeking behavior when needed**

CLOSING COMMENTS

IT IS ULTIMATELY A PERSONAL RESPONSIBILITY!

**Sure, while there will always be those who may
poke fun,
tease, or think differently of you for going for
help, at
some point, you may just have to say,**

***“I don’t care what you say or think...it’s
my life, my family, and my future...and
that is
what’s most important to me!”***

CLOSING COMMENTS

We have sent our loved ones to war and now they have returned. While in the war they have seen terrible things, have had to participate in horrible events, and have been witness to the worst of humankind. Can we really expect they will return as we have sent them? Is it reasonable to believe that what they have experienced is totally left behind on the battlefield?

QUESTIONS

